

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15280

FILED MAY 13 1944

Registration District No.

Primary Registration District No.

3046

Registrar's No.

176

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 N. Oak St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 80 (Specify whether
In this community 80 years, months or days)

3. (a) PRINT
FULL NAME

ANNA MUELLER

3. (b) If veteran,
name war.3. (c) Social Security
No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
2 divorced, widowed
6. (b) Name of husband or wife C. C. Mueller 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased April 29 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 hr. min.

9. Birthplace Dunkirk N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Charles Hillgendorf
13. Birthplace Pommern Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minna Hoffman
15. Birthplace Pommern Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Jansen(b) Address California, Mo.

17. (a) burial (b) Date thereof May 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Evangelical Cemetery18. (a) Signature of funeral director A. E. Wilson(b) Address California, Mo.

19. (a) 5-6 (b) 29 April
(Date received local health officer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 102 N. Oak St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1944 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 10
39 to May 4, 1944
that I last saw her alive on May 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration

Due to.

Due to.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Bauer (M.D. or other)Address California Date signed 5/5/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-12-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. E. Wilson
Licensed Embalmer No. 2351

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.